UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES? PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTIO

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	OMB APPE	ROVAL
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Name of Offering(check if this is an amendment and name has changed, and indicate change.) Series C Preferred Stock Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Ecohaus, Inc.	08058978
Address of Executive Offices (Number and Street, City, State, Zip Code) 4121 First Avenue South, Seattle, WA 98134	Telephone Number (Including Area Code) (206) 315-1974
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as above	Telephone Number (Including Area Code) Same as above
Brief Description of Business Building Materials Supplier	PROCESSED
Type of Business Organization Corporation	SEP 0 5 2008 THOMSON RELITERS
Actual or Estimated Date of Incorporation or Organization: Month Year	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Catamount Ventures III, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 400 Pacific Avenue, 3rd Floor, San Francisco, CA 94133 Beneficial Owner Director General and/or Check Box(es) that Apply: Promoter Executive Officer Managing Partner Full Name (Last name first, if individual) Catamount Ventures II, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 400 Pacific Avenue, 3rd Floor, San Francisco, CA 94133 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Mindful Investors Fund I, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 591 Redwood Highway, Suite 5280, Mill Valley, CA 94941 Executive Officer □ Director Check Box(es) that Apply: Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Taylor, Timothy N. Business or Residence Address (Number and Street, City, State, Zip Code) 4121 First Avenue South, Seattle, WA 98134 Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) U.S. Bancorp Piper Jaffray Cust. FBO Michael R. Alfstad IRA 480-105902 Business or Residence Address (Number and Street, City, State, Zip Code) 3431 W Blaine Street, Scattle, WA 98195 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Freeman-Gleason, Matthew Business or Residence Address (Number and Street, City, State, Zip Code) 4121 First Avenue South, Seattle, WA 98134 Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Freeman-Gleason, Alison Business or Residence Address (Number and Street, City, State, Zip Code) 8822 Ferncliff Ave NE, Bainbridge Island, WA 98110

A. BASIC IDENTIFICATION DATA

American LegalNet, Inc. ww.USCourtForms.com

		A. DASIC IDE	NITFICATION DATA		
Enter the information Each promoter of	-	ollowing: suer has been organized w	rithin the past five years;		
•	•	•	• •	10% or more of	a class of equity securities of the issuer.
		f corporate issuers and of o	•		·
		of partnership issuers.		0 01	,
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Morehouse, Michael	f individual)	_			
Business or Residence Adda P.O. Box, Allyn, WA 9	•	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Rudick, Stuart L.	if individual)	_		- "	
Business or Residence Address 591 Redwood Highway	•		de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, Silverman, Mark	if individual)				
Business or Residence Adda 400 Pacific Avenue, 3 rd			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Simsak, Nathalie	if individual)				
Business or Residence Adda 12005 NE Country Clu	•		•		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Smith, Jed	if individual)				
Business or Residence Addi 400 Pacific Avenue, 3 rd	ress (Number and Floor, San Fra	Street, City, State, Zip Concisco, CA 94133	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Cihak, Tamara	if individual)				
Business or Residence Adda 4121 First Avenue Sout			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)		

					B. IN	FORMAT	ION ABOU	JT OFFER	ING				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No ⊠				
Answer also in Appendix, Column 2, if filing under ULOE.													
2.	What is	s the minim	um investm			•	-	_				s N/A	
					•	•						Yes	No
3.	Does th	he offering	permit joint	ownership	of a single	unit?						\boxtimes	
4.			tion request										
			nilar remune sted is an as										
	or state	es, list the n	ame of the b	proker or de	aler. If mo	re than five	(5) persons	to be listed					
			you may se		nformation	for that bro	ker or deale	r only.					
Full	Name (Last name i	first, if indiv	idual)									
Bus	iness or	Residence	Address (Nu	imber and S	Street, City,	State, Zip	Code)						-
Nan	ne of As	sociated Br	oker or Dea	ler									
Stat	es in Wi	hich Person	Listed Has	Solicited or	Intends to	Solicit Pure	hasers						
	(Che	eck "All Sta	tes" or checl	c individual	States)				• • • • • • • • • •			🗆 A	All States
	AL	ΑŘ	ΑZ	AR	CA	cq	CT	DE	DC	FL	GA	HI	ID
		IN	ĪA]	KS	KY	[LA]	ME	MD	MA	M	MN	MS	MQ
	MT	NB	NV]	NH	נא	NM	ĮΥ	NC	ND	[아	OK	OR	PA
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	RI	sc	SD	TN	TX	UI	VT	VA	WA	wy	WI	WY	PR
Full	Name (Last name t	first, if indiv	ridual)									
Bus	iness or	Residence .	Address (Nu	imber and S	Street, City,	State, Zip	Code)		,				
Nan	ne of As	sociated Br	oker or Dea	ler		· <u>-</u>							
Stat	es in Wi	hich Person	Listed Has	Solicited or	Intends to	Solicit Pure	hasers						·
	(Che	ck "All Sta	tes" or checl	c individual	States)							🗆 A	All States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	[N	IA	KS	KY		ME	MD	MA	M	MN	MS	MQ
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	мт	NE	NV	NH	NJ	NM	NY	NC	ND	애	ок	OR	PA
	RI	sc	SD	TN	TX	UT	VT	VA	WA	wy	WI	WY	PR
Full	Name (Last name i	first, if indiv	idual)									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
						All States							
į	AL	AK	AZ	AR	CA.	Co	СТ	DE	Dd	FL	GA	HI	
	iL	IN	IA	KS	KY	LA	мЕ	MD	MA	MI	MN	MS	МС
	МТ	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ок	OR	PA
1	RI	sc	SD	TN	TX	UI	VT	VA	WA	W.	wı	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \int and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	A	amount Already Sold
	Debt\$		\$	
	Equity		_	
	Common 🔀 Preferred	,	_	· · ·
	Convertible Securities (including warrants)		S	
	Partnership Interests			
	Other (Specify)\$			
	Total \$			
	Answer also in Appendix, Column 3, if filing under ULOE.		-	, , ,
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	,			
	Accredited Investors			4,750,000.19
	Non-accredited Investors		\$	
	Total (for filings under Rule 504 only)	5	\$	4,750,000.19
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security]	Dollar Amount Sold
	Rule 505		\$	
	Regulation A		\$	
	Rule 504		\$	
	Total	0	\$	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	
	Printing and Engraving Costs			
	Legal Fees		\$ \$	
	Accounting Fees	_	_	==,-,-,-,-
	Engineering Fees		_	
	Sales Commissions (specify finders' fees separately)	_		
	Other Expenses (identify)		Ψ_ S	
	Total		_	85,000.00

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted g	ross	\$_5,165,003.40
5.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	and		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		🔲 \$	ss
	Purchase of real estate		🗆 s	_ 🗆 s
	Purchase, rental or leasing and installation of mac and equipment	hinery	🔲 \$	□ \$
	Construction or leasing of plant buildings and faci		· · · · · · · · · · · · · · · · · · ·	
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another		
	Working capital		•	
	Other (specify):			
		·	<u> </u>	
	Column Totals		🗆 \$	<u>5,165,003.40</u>
	Total Payments Listed (column totals added)		🛭 s_	5,165,003.40
		D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the mature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accre-	nish to the U.S. Securities and Exchange Com	mission, upon writte	ale 505, the following on request of its staff,
SS	uer (Print or Type)	Signature	Date	
Ec	ohaus, Inc.		August 26, 200	18
٧a	ame of Signer (Print or Type)	Title of Signer (Print or Type)	• -	
Гi	mothy N. Taylor	CEO and President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

